## FORM 2\* Disclosure of Owners, Investors, Managers and Controlling Parties

Part I: Ownership Structure									
List all persons and/or entities with any own whether they have ownership interest or not license or licensed facility (collectively, "Key list all persons associated with such entity, the List all parent, holding or other intermediary	and anyone Persons' heir owne	one v '). If a ership	with m an en o in th	nana tity ( ne er	ging or oper corporation, ntity, and the	ational o partners ir effecti	control ship, Li ve owr	of the cul LC, etc.) I pership in	ltivator has interest
Name	Title			SS	N/FEIN	DOB		App sub	
John Studley III	Pre	President						⊠Yes	s □No
Address	City	entry	Sta	ite RI	ZIP 02816	Phon (	e Numb	er	
Business Associated with (Parent business or sub-entity)		Ov	wn. % I	Busin	ess Associated	with	Effec	tive Own: %	6 in Applicant
Name	Title			SS	N/FEIN	DOB		App sub	mitted?
David Turcotte	Vice							⊠Yes	□No
	Presid	ent							
Address	City		Stat	e	ZIP	Phone	Numbe	er	· · · · · · · · · · · · · · · · · · ·
	Crans	ston		RI	02920	(	X		
Business Associated with (Parent business or sub-entity)		Ow	/n. % B	Busine	ess Associated	with	Effect	ive Own. %	in Applicant
Name Nicholas Cirillo	Title Treas	Title Treasurer		SSN/FEIN		DOB		App subn ⊠Yes	nitted? □No
Address	City Cran			RI	ZIP 02920	Phone Number		r	
Business Associated with (Parent business or sub-entity)	7,1	Owi	n. % Bi	usine	ss Associated w	rith	Effecti	ve Own. %	in Applicant
Name	Title			SSN	/FEIN	DOB		App subm	nitted?
Amanda Cirillo	Secre	tary			Shire a could			□No	
address	City		State	tate ZIP F		Phone	Phone Number		
	Crans	ton	R	1	02920		R S Z		
Business Associated with (Parent business or sub-entity)		Own	. % Bu	sines	s Associated w	ith	Effective	ve Own. % i	in Applicant
lame	Title			SSN/	FEIN	DOB		App submi	itted? □No
ddress	City	City			ZIP	Phone Number			
usiness Associated with (Parent business or sub-entity)		Own.	% Bus	sines	s Associated wit	h	Effectiv	e Own. % ii	n Applicant
ame	Title	Title		SSN/FEIN		DOB		App submit	tted? □No
ddress	City		State	7	ZIP	Phone N	lumber	<del></del>	

## **Rhode Island Department of Business Regulation**

Application for Medical Marijuana Cultivator License

Business Associated with (Parent business or sub-entity)  Own. % Business Associated with  Effective Own. % in Applicant  Own. % Business Associated with  Effective Own. % in Applicant  Effective Own. % in Applicant  Own. % Business Associated with  Effective Own. % in Applicant  Effective Own. % in Applicant  Own. % Business Associated with  Effective Own. % in Applicant  Effective Own. % in Applicant  Including persons, firms, partnerships, corporations, limited liability companies, trusts), will loan or give money, inventory, furniture or equipment to or for use in this business, or hold a security interest therein; or who will receive money or profits from this business. Attach a separate sheet if necessary.  Name  Date of Birth  SSN/FEIN  Interest  S & N Realty, LLC  Click/hera-te/enter/a date.  Date  Amanda Cirillo  Printed Name	Business Associated with (Parent business or sub-entity)		Own. %	Busine	ss Associated wit	Effective Own. % in Applicant			
Business Associated with (Parent business or sub-entity)  Own. % Business Associated with  Effective Own. % in Applicant  Own. % Business Associated with  Effective Own. % in Applicant  Effective Own. % in Applicant  Own. % Business Associated with  Effective Own. % in Applicant  Effective Own. % in Applicant  Own. % Business Associated with  Effective Own. % in Applicant  Effective Own. % in Applicant  Including persons, firms, partnerships, corporations, limited liability companies, trusts), will loan or give money, inventory, furniture or equipment to or for use in this business, or hold a security interest therein; or who will receive money or profits from this business. Attach a separate sheet if necessary.  Name  Date of Birth  SSN/FEIN  Interest  S & N Realty, LLC  Click/hera-te/enter/a date.  Date  Amanda Cirillo  Printed Name	Name	Title	1	SSN	/FEIN	DOB			
Part II: Who, besides the owners and other Key Persons listed in this application (including persons, firms, partnerships, corporations, limited liability companies, trusts), will loan or give money, inventory, furniture or equipment to or for use in this business, or hold a security interest therein; or who will receive money or profits from this business. Attach a separate sheet if necessary.    Name	Address	City	Stat	te	ZIP		1000		
partnerships, corporations, limited liability companies, trusts), will loan or give money, inventory, furniture or equipment to or for use in this business, or hold a security interest therein; or who will receive money or profits from this business. Attach a separate sheet if necessary.    Name   Date of Birth   SSN/FEIN   Interest	Business Associated with (Parent business or sub-entity)	y) Own. % Busi			ss Associated with	1	Effective Own. % in Applicant		
S & N Realty, LLC  Amanda Curll Authorized Signatory  Amanda Cirillo Printed Name  Click/new to/enter/a date.  Date	partnerships, corporations, limited liability equipment to or for use in this business, or	companies hold a sec	s, trusts) curity int	, will	loan or give	mone	y, inventory, furniture or		
Amanda Cirillo Printed Name  Click/nero to/e/nte/Ja date. Date	Name	Date of I	3irth	SSN/FEIN			Interest		
Amanda Cirillo Printed Name  Click/here to lenter a date.  Click/here to lenter a date.  Date	S & N Realty , LLC	•							
Amanda Cirillo Printed Name  Click/here to lenter a date.  Click/here to lenter a date.  Date									
Authorized Signatory  Amanda Cirillo  Printed Name					7		· rea		
<i>36</i> , 3, 4	Authorized Signatory  Amanda Cirillo  Printed Name				Click/hera to	defite	Ja date.		